2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 30, 2008
Secretary of State

DOCUMENT# P98000049405

Entity Name: COLOURATIONS HAIR STUDIO, INC.

Current Principal Place of Business:

C/O DAVID C. HASTINGS, CPA, PA
2207 54TH STREET SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

6 BELLEVUE DR
ST PETERSBURG, FL 33706

Current Mailing Address:

C/O DAVID C. HASTINGS, CPA, PA
2207 54TH STREET SOUTH
GULFPORT, FL 33707

New Mailing Address:

C/O DAVID C HASTINGS CPA PA
2207 54TH ST S
GULFPORT, FL 33707

FEI Number: 59-3513106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVID C. HASTINGS, CPA, PA
2207 54TH STREET SOUTH
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID C HASTINGS CPA
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: LANG, SUSAN C
Address: 2207 54TH STREET S.
City-St-Zip: GULFPORT, FL 33707

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: LANG, SUSAN C
Address: 6 BELLEVUE DR
City-St-Zip: ST PETERSBURG, FL 33706

Title: VP ( ) Change (X) Addition
Name: LANG, DENNIS
Address: 6 BELLEVUE DR
City-St-Zip: ST PETERSBURG, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN LANG P 10/30/2008
Electronic Signature of Signing Officer or Director — Date